

Docket No.  
**31129**

# Declaration and Power of Attorney For Patent Application

## English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### METHODS OF TREATING OBESITY AND RELATED DISORDERS USING TELLURIUM AND SELENIUM COMPOUNDS

the specification of which



is attached hereto.



**was filed on 13 June 2004 as ~~United States Application No.~~ or PCT**

**International Application Number PCT/IL2004/000506**

~~and was amended on~~ \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

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I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

\_\_\_\_\_  
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I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

60/477,790

(Application Serial No.)

12 June 2003

(Filing Date)

\_\_\_\_\_  
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

Martin MOYNIHAN      Registration Number 40,338

Send Correspondence to: **Martin MOYNIHAN**  
PRTSI, Inc.  
P.O. Box 16446  
Arlington, Virginia 22215

Direct Telephone Calls to: *(name and telephone number)*

**Martin MOYNIHAN**      Tel. No. (703) 598-7851  
Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR		<b>Menachem RUBINSTEIN</b>
Sole or first inventor's signature	<u>Menachem Rubinstein</u>	Date <u>Dec 11<sup>th</sup> 2005</u>
Residence	:	1 Hohit Street, 76329 Rehovot, Israel
Citizenship	:	Israeli
Post Office Address	:	1 Hohit Street, 76329 Rehovot, Israel

FULL NAME OF SECOND INVENTOR , IF ANY		<b>Yossi DAGON</b>
Second inventor's signature	_____	Date _____
Residence	:	38 Bilu Street, 75321 Rishon-LeZion, Israel
Citizenship	:	Israeli
Post Office Address	:	38 Bilu Street, 75321 Rishon-LeZion, Israel

FULL NAME OF THIRD INVENTOR , IF ANY		<b>Benjamin SREDNI</b>
Third inventor's signature _____		Date _____
Residence	:	3 Shachal Street, 44380 Kfar-Saba, Israel
Citizenship	:	Mexican
Post Office Address	:	3 Shachal Street, 44380 Kfar-Saba, Israel

FULL NAME OF FOURTH INVENTOR , IF ANY		<b>Michael ALBECK</b>
Fourth inventor's signature _____		Date _____
Residence	:	8 Harel Street, 52223 Ramat-Gan, Israel
Citizenship	:	Israeli
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Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR		<b>Menachem RUBINSTEIN</b>
Sole or first inventor's signature		Date
Residence	:	1 Hohit Street, 76329 Rehovot, Israel
Citizenship	:	Israeli
Post Office Address	:	1 Hohit Street, 76329 Rehovot, Israel

FULL NAME OF SECOND INVENTOR, IF ANY		<b>Yossi DAGON</b>
Second inventor's signature		Date <u>15/12/05</u>
Residence	:	38 Bilu Street, 75321 Rishon-LeZion, Israel
Citizenship	:	Israeli
Post Office Address	:	38 Bilu Street, 75321 Rishon-LeZion, Israel

FULL NAME OF THIRD INVENTOR , IF ANY		<b>Benjamin SREDNI</b>
Third inventor's signature _____		Date _____
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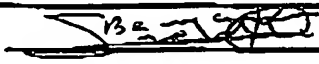
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**Martin MOYNIHAN**      Tel. No. (703) 598-7851  
Fax No. (703) 415-4864

FULL NAME OF SOLE OR FIRST INVENTOR		<b>Menachem RUBINSTEIN</b>
Sole or first inventor's signature _____		Date _____
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Citizenship	:	Israeli
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FULL NAME OF SECOND INVENTOR , IF ANY		<b>Yossi DAGON</b>
Second inventor's signature _____		Date _____
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Citizenship	:	Israeli
Post Office Address	:	38 Bilu Street, 75321 Rishon-LeZion, Israel

FULL NAME OF THIRD INVENTOR , IF ANY		Benjamin SREDNI
Third Inventor's signature		Date <u>27/12 2005</u>
Residence	:	3 Shachal Street, 44380 Kfar-Saba, Israel
Citizenship	:	<del>Mexican</del> - ISRAELI
Post Office Address	:	3 Shachal Street, 44380 Kfar-Saba, Israel

FULL NAME OF FOURTH INVENTOR , IF ANY		Michael ALBECK
Fourth Inventor's signature	_____	Date _____
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Fourth Inventor's signature		Date 12 Dec-2005
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